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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

MICHAEL D. BROWN

Title:

METHOD AND APPARATUS FOR

ESTABLISHING AND

ADMINISTERING A WEALTH

TRANSFER PLAN

Appl. No .:

TBA

Filing Date:

HERWITH

Examiner:

TBA

Art Unit:

TBA



UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231

Sir:

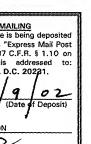
Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Michael D. Brown 19 Taggert Irvine, CA 92612

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (14 pages).
- Informal drawings (3 sheets, Figures 1-3). [X]
- [X] Declaration and Power of Attorney (3 pages).
- Assignment of the invention to Spectrum Group Investments, LLC. []
- Assignment Recordation Cover Sheet. []
- [] Small Entity statement.



- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of ___ listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		ncluded i Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	13	-	20	=	0	x	\$18.00	=	\$0.00
Independents:	3		3	=	0	×	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$0.00	
							SUBTOTAL:	=	\$740.00
[X]	Small	Enti	ty Fees	Apply	/ (subtra	ct ½	of above):	=	\$370.00
			•				FILING FEE:	=	\$370.00

- [X] A check in the amount of \$370.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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